

Artwork Release Form

Please clearly print artist's name and address and have the artist's parent/guardian sign this submission form.

Title of Artwork: _____

Student's Name: _____

Grade: _____ Age: _____

Student's Home Address: _____

City: _____ State: _____

Zip Code: _____ Phone: _____

Full Name of Parent or Guardian: _____

Full Name of Teacher/Sponsor: _____

Name of School/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Local Newspaper to Contact for Publicity:

Name of Newspaper: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

FOR GOOD AND VALUABLE CONSIDERATION herein acknowledged as received, I hereby grant the Poison Prevention Week Council the irrevocable and unrestricted right and permission to adapt, reproduce, sell or distribute the Poison Prevention Week winning poster, in whole or in part, composite or distorted in character or form, made available through websites, newsletters, educational materials, journal advertisements, PowerPoint presentations or consumer press. I also consent to the use of any printed matter in conjunction therewith. I further consent to the publication of my name, age, and hometown on the poster.

I hereby waive any right that I may have to inspect or approve the finished product or products or the advertising written matter that may be used in connection therewith or the use to which it may be applied. I have read the above authorization, release and agreement prior to its execution and I am fully familiar with the contents thereof. This release shall inure to the benefit of the Poison Prevention Week Council, all persons acting under its permission or authority, those for whom the Poison Prevention Week Council is acting and their heirs, legal representatives, successors and assigns. It shall be binding upon me and my heirs, legal representatives, successors and assigns.

I hereby warrant that I am of full age and have every right to contract for the minor in the above regard.

Printed Name of Father/Mother/Guardian Signature of Father/Mother/Guardian

Address of Father/Mother/Guardian

Date

The Poison Prevention Week Council is comprised of national organizations with an interest in and commitment to programs aimed at preventing unintentional poisonings. Many of the members contribute financially to the Council, which permits the preparation of the materials described above. There are no membership dues, but these voluntary contributions are the vital ingredients in making the Council independent and the program successful.

Please return to:

Manager, Education and Program Promotion
American Association of Poison Control Centers
515 King Street, Suite 510
Alexandria, VA 22314